

07-23-02

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PART B - FEE(S) TRANSMITTAL

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7590

04/22/2002

Medtronic, Inc.
7000 Central Avenue N. E.
Minneapolis, MN 55432



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(Depositor's name)
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/577,258	05/22/2000	Richard L. Weiner	P-8769.00	3153

TITLE OF INVENTION: PERIPHERAL NERVE STIMULATION METHOD

TOTAL CLAIMS	APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
48	nonprovisional	NO	\$1280	\$0	\$1280	07/22/2002

EXAMINER	ART UNIT	CLASS-SUBCLASS
EVANISKO, GEORGE ROBERT	3762	607-046000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.
- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Banner & Witcoff, Ltd.
1 _____
2 _____
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

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Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☐ corporation or other private group entity ☐ government

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- ☒ Issue Fee
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- ☒ Advance Order - # of Copies Five (5)

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(Authorized Signature)

(Date)

Binal I. Patel Reg. No. 42,065 July 22 2002
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01 FC:142 1280.00 CH
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